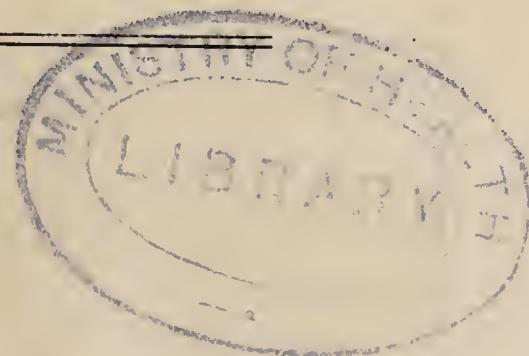


# Orpington and Sevenoaks Hospital Management Committee



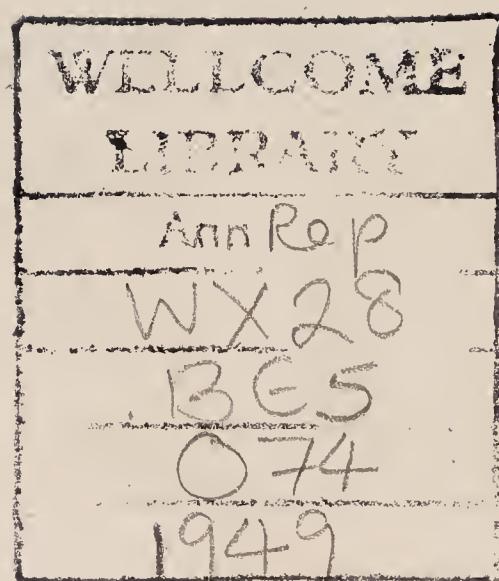
*Report on the  
Work of the Committee  
during the period ending*

*31st March, 1949*

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MANAGEMENT COMMITTEE OFFICES  
ORPINGTON HOSPITAL, ORPINGTON, KENT  
(TELEPHONE ORPINGTON 5075)



22501370165

ORPINGTON AND SEVENOAKS HOSPITAL  
MANAGEMENT COMMITTEE.

Report on the work of the Orpington and Sevenoaks Hospital Management Committee  
up to 31st March, 1949

1. CONSTITUTION OF THE COMMITTEE.

Under the provisions of section 11 of the National Health Service Act, 1946 the Orpington and Sevenoaks Hospital Management Committee was appointed in accordance with a scheme prepared by the South East Metropolitan Regional Hospital Board and approved by the Minister of Health. It forms one of the 28 groups set up in the South East Metropolitan area for the purpose of exercising functions with regard to the management and control of hospitals.

The Committee as appointed consisted of :—

Chairman : Mr. H. J. Lester, J.P.

who was appointed for the period ending on 31st March 1951.

Miss M. Berkeley,

Mr. A. G. A. Salter, J.P.

Mr. W. H. Smith,

Dr. D. E. Yarrow, M.B., B.Ch., D.C.H.,

Lt.-Col. E. J. Heilbron, O.B.E.

who were appointed for the period ending on 31st March 1950.

Dr. J. Grant, M.B., Ch.B.,

The Hon. Mrs. S. L. Henley,

Mr. J. T. Laurenson, M.B., B.Ch., F.R.C.S.,

Mr. P. W. H. Twyman.

who were appointed for the period ending on 31st March 1951.

Miss M. M. C. Burrows, B.E.M., J.P.,

Dr. B. H. Kirman, M.D.,

Mr. T. W. E. Pugh, B.D.S., Lond., L.D.S.,  
R.C.S.Eng.

Major C. E. Pym, C.B.E., D.L., J.P.,

Mrs. M. H. Vick,

Mrs. A. Y. Spurrell.

who were appointed for the period ending on 31st March 1952.

Subsequently Lt.-Col. E. J. Heilbron, Dr. J. Grant and Dr. B. H. Kirman resigned their appointments and Mr. A. L. Priest, J.P. and Dr. A. C. E. Breach, M.R.C.S., L.R.C.P. respectively were appointed to succeed them, there being no alteration in the period of appointment. The vacancy created by the resignation of Dr. B. H. Kirman early in April 1949 has yet to be filled.

The first meeting of the Committee was held on 26th May 1948 at which the following sub-committees were appointed :—

Finance and General Purposes

(Chairman, Mr. P. W. H. Twyman)

Staffing and Establishment : (Chairman, Mrs. M. H. Vick)

Medical (Chairman, Mr. J. T. Laurenson).

Subsequently a Nursing Committee was instituted under the Chairmanship of Miss M. Berkeley.

The Management Committee elected Dr. D. E. Yarrow to be its Vice-Chairman.

As soon as was possible the Committee appointed the following group officers :—

Secretary : Mr. L. G. Bain, F.C.I.S., A.H.A. previously Assistant Clerk to the Governors of Guy's Hospital.

Finance Officer : Mr. S. B. Sargeant, F.C.C.S., A.H.A. previously House Governor and Secretary, Sevenoaks and Holmesdale Hospital.

Supplies Officer : Mr. J. B. Dowers, F.C.C.S., F.H.A., F.G.I., A.R.San.I. previously Steward, County Hospital, Orpington.

Hospitals Engineer : Mr. S. E. Mabe, M.I.H.E., M.I.Plan.E. previously Engineer, County Hospital, Orpington.

It was agreed that the offices of the Committee should be at Orpington Hospital where temporary accommodation was made available pending the conversion of part of one of the huts into offices and a committee room which at the time of writing has just been completed.

Meetings of the Committee have been held regularly at monthly intervals at each of the hospitals in the group in turn (with the exception of Otford Isolation Hospital which is not at present in use), with alternate meetings in Orpington Hospital.

## 2. HOSPITALS IN THE GROUP.

On the appointed day (5th July, 1948) under the National Health Service Act, 1946 the following hospitals vested in the Minister of Health and became the responsibility of the Committee :—

### (a) County Hospital, Orpington.

This hospital was previously controlled by the Kent County Council having been erected in 1915 as a Canadian Army Hospital of the hutment type. It was subsequently used in turn as an R.A.F. Training Depot, a Ministry of Pensions Hospital and a Public Assistance Institution being eventually under the administration of the Public Health Department of the County Council. On the outbreak of war in 1939 the hospital was upgraded as a general hospital under the Emergency Hospital Scheme of the Ministry of Health and a contingent of Guy's Hospital nurses and medical staff was transferred to it. The Ministry of Works erected additional huts known as the New Block which brought the number of beds available to 1204. During the war the hospital functioned actively as a general hospital and a large volume of work was carried out in it. Following the end of the war as and when Guy's Hospital re-opened its beds closed through enemy action, numbers of the Guy's contingent were withdrawn from Orpington and when the Committee assumed responsibility approximately 120 members of the Guy's nursing staff remained staffing primarily that Hospital's Ear, Nose and Throat, Genito-Urinary and Orthopaedic Departments.

The Committee decided that in future the hospital should be known as Orpington Hospital.

Details of the accommodation available in the hospital at the date of transfer are :—

Acute sick	568	beds
Chronic sick	504	„
Tuberculosis	66	„
Public Assistance (non-sick)	66	„
	1204	„

**(b) Sevenoaks and Holmesdale Hospital.**

It was agreed that this voluntary hospital should be called Sevenoaks Hospital. The accommodation consisted of 64 beds of which 54 were in use at the time of transfer staffed by local general practitioners with a number of visiting consultants. Although there were no proper facilities a growing number of outpatients were being treated in the hospital and several regular clinics were held.

The available accommodation comprised :—

Acute sick	40 beds
Children	14 "
Private (pay) accommodation	10 "
	—
	64 "
	—

**(c) Children's Hospital for the Treatment of Hip Diseases.**

This voluntary hospital situated in Eardley Road, Sevenoaks which had been compelled to close in July 1946 owing to the impossibility of obtaining nursing and domestic staff was leased by its governing body in December, 1946 to the Cheyne Hospital for Children, Chelsea whose building had been damaged by enemy action. The accommodation provided 40 beds for childrens cases of long duration. Patients were drawn from all over the country and from the nature of the hospital educational facilities had to be provided.

So that this joint association in the use of the hospital should be denoted the Committee agreed that its name should be Cheyne and Hip Hospital for Children.

**(d) Oak Lane Isolation Hospital, Sevenoaks.**

The Sevenoaks Urban District Council was the controlling body of this infectious diseases hospital of 30 beds, 18 of which were in use when the Committee took over responsibility.

In this case no alteration was made in the name.

**(e) Otford Isolation Hospital.**

This infectious diseases hospital of 29 beds previously owned by the Sevenoaks Rural District Council was not

in use on the appointed day but was continued on a care and maintenance basis. No variation was made in the name.

(f) **Sundridge Public Assistance Institution.**

For this institution sometimes known as Ide Hill Institution or Birchfield House the Kent County Council were the responsible authority and the following accommodation was provided :—

Mentally ill patients	172 beds (including 10 for mentally deficient patients)
Public assistance (non sick)	10 ,,
	<hr/> 182 ,, <hr/>

On the 5th July, 1948, the Minister of Health designated the hospital (1) a mental deficiency institution, (2) a mental hospital for the purpose of the Lunacy and Mental Treatment Acts (as amended), and (3) a premises designated for the purposes of Section 20 of the Lunacy Act, 1890 (as amended). This designation, as no whole time Medical Superintendent for the hospital existed, necessitated an application to the Minister for exemption from the provisions of Section 3 of the National Health Service (Superintendents of Mental Hospitals, etc.) Regulations, 1948 (Statutory Instrument 1948 No 419) which state that the Superintendent shall be a medical practitioner: the approval of the Minister was subsequently received and the Superintendent is not a medical practitioner.

In addition to the hospitals set out above the Management Committee assumed the responsibility of the Tuberculosis Dispensary, Dorset House, St. John's Road, Sevenoaks, which was previously controlled by the Kent County Council and provided facilities for regular clinics.

To summarise the above, on 5th July, 1948, the Committee became the controlling authority for hospitals which in the Orpington and Sevenoaks area provided the following in-patient facilities :—

	<i>Beds available and staffed.</i>	<i>Beds available but closed because of lack of staff.</i>	<i>Total beds available.</i>
For Acute sick patients			
(including children)	341	291	632
Chronic sick patients	420	84	504
Tuberculosis patients	66	—	66
Children (long stay cases)	40	—	40
Infectious diseases patients	18	41	59
Mentally ill patients	136	36	172
Public assistance cases (non sick)	76	—	76
	—	—	—
	1097	452	1549
	—	—	—

The population of the district, according to the Registrar General's estimate of the population of England and Wales at 31st December, 1948, is :—

Orpington	58,930
Sevenoaks	16,370
Sevenoaks Rural District	31,480
	—
	106,780

As no definite geographical boundaries for groups have been laid down (and in any case some hospitals have a natural " catchment area " which may, in part, fall within a district ostensibly served by another neighbouring Management Committee) it may be assumed that the Orpington and Sevenoaks group caters for approximately 95,000 persons bearing in mind the hospital facilities available in the surrounding vicinity.

### 3. DEVELOPMENTS SINCE THE APPOINTED DAY.

On the 5th July, 1948, obviously the Committee had but little of its present organisation in being and although, through the courtesy of the Kent County Council, arrangements had been made for the part-time use of the services of one of the Council's officers, Mr. G. S. Badder, as acting Secretary it was difficult to deal with the numerous instructions and requests received from higher authorities. Much detail devolved on the Chairman at this time of the change-over of authority. Under an arrangement made by the Ministry the local authorities agreed to continue their services in so far as financial administration was concerned on an agency basis

in respect of those hospitals for which previously they had been responsible. With goodwill on all sides the transfer of responsibility was effected with remarkable ease and a noticeable absence of disturbance. Although obviously many of the officers were wondering how this tremendous social experiment of a national health service would affect them individually everyone did their utmost to smooth the transition and the thanks of the Committee are due to them for their efforts. The agency scheme with the K.C.C. covering Orpington and Sundridge Hospitals was continued for finance until 1st December, 1948 and finally terminated on 31st March, 1949 when the few outstanding supply procedures came to an end. For Oak Lane Isolation Hospital the agency of the Sevenoaks Urban District Council terminated on 1st October, 1948 and that with the Sevenoaks Rural District Council in respect of Otford Isolation Hospital came to an end on the same date. With the appointment of the senior officers the central organization was gradually brought into being although the cramped, temporary offices in Orpington Hospital (which were made available only by holding up for many months the completion of a scheme for the extension of the dispensary and this in its turn limited other adjustments) were a limiting factor in this connection. Only staff which were thought essential for the need were recruited and an economy in administrative expense was the aim. Certain "transferable officers" (officers of local authorities whose posts ceased to exist on the appointed day) were absorbed into the organisation.

Under regulations made by the Ministry the County Council exercised their right to retain the use of certain residential accommodation in Orpington and Sundridge Hospitals with the result that 64 beds in Orpington and 10 at Sundridge are available to the Council as part of the accommodation to be provided by it under Part III of the National Assistance Act, 1948. In addition the Minister directed that accommodation for casuals as existing immediately prior to the appointed day must be provided and in consequence the casual ward at Sundridge Hospital remained in being. Although these arrangements have to be financed by the responsible authorities on a basis of apportionment of expenditure yet to be decided in no sense are they part of the provision of hospital facilities and it is hoped that the authorities concerned will be able to make alternative plans with the minimum of delay.

Before the Committee had proper opportunity of considering its task and deciding how best it could fulfill its responsibilities it was required to submit to the Regional Board by 1st September, 1948 in accordance with the Hospital

Accounts and Financial Provisions Regulations, an estimate of expenditure and income for the financial year commencing 1st April, 1949. It will be appreciated that at such an early stage in its existence coupled with the difficulty of getting reliable information from the previous controlling authorities as to the financial affairs of the individual hospitals the Committee had an onerous task and one which might have an appreciable effect on its first full year of work. A further reference to finance will be made subsequently in this Report.

At this point it may be convenient to give an indication of the individual hospitals' problems as seen by the Committee and outline the action taken. For **Orpington Hospital** the urgent matter to be faced was that Guy's Hospital had made known the intention to withdraw its unit completely as soon as opportunity offered. Under County administration the hospital had a Training School for Assistant Nurses and obviously on the departure of the Guy's unit it would not be possible to provide sufficient acute beds for the local population. For this purpose student nurses would be required and they could only be recruited if the hospital was a general training school, to which end the approval of the General Nursing Council must be given. Only by this means could the necessary staff be obtained but that point would really see the beginning of the task owing to the national shortage of young girls willing to enter the profession. If the hospital was not recognised by the G.N.C. then its status would become that of virtually a chronic sick hospital and the future of the group as an entity seriously jeopardised. Accordingly the General Nursing Council was approached and following a visit by one of its Inspectors a number of recommendations were received, on complying with which it was intimated the Council would give its approval. These recommendations were mainly of a structural nature designed to ensure that adequate nursing educational facilities were provided but obviously from the very nature of the buildings would entail considerable expense. The services of Mr. Alner W. Hall, M.C., F.R.I.B.A., were engaged to plan the scheme which inevitably must involve some upgrading of the services and arrangements of the hospital generally if an efficient unit is to result. It is the Committee's wish to provide initially at least 100 acute beds following Guy's withdrawal (in addition to 300 chronic sick and 60 T.B. beds) and ultimately 250 acute beds although the final numbers must depend on the exact role of the group in the overall plan for the Region which is still under discussion. This development plan is bound to be costly for the magnitude of the problem may be illustrated by the fact that not one of the six steam boilers in the boiler

house is under 50 years old, being obviously second hand when installed. This work of planning is proceeding and although intimations have been received as to a date for the departure of Guy's nurses there is reason to believe it will not be in the immediate future. It is an arrangement which has worked well over a period of nearly 10 years to the advantage of both parties.

In July, 1948 it was obviously essential to provide accommodation for an increasing number of outpatients as the then embryo arrangements would expand rapidly if given the opportunity. Addison Ward was converted by temporary partitioning (so that it could revert to its original use if so required) into an Outpatient Department and credit is due to Dr. E. A. Scott, Physician Superintendent of the Hospital for his part in this connection. This conversion is a step forward but it is felt that, ere long, additional accommodation for outpatients will be necessary.

At **Sevenoaks Hospital** the problem was in essence how to provide facilities in a building which though attractive in appearance does not permit of much internal re-organisation and is on a limited and difficult site architecturally. The previous governing body had produced a plan for the creation of an X-ray and Outpatients Department utilising the area adjoining the Robert Summervell Ward. This scheme if brought to fruition would limit any extension of ward accommodation which might be desirable in the future as it would occupy the only available space. In principle the creation of the outpatient department which is so urgently needed has been accepted by the Regional Board but as a consequence of the present financial position it may have to be deferred. Mr. W. H. Ansell, P.P.R.I.B.A., who drew up the original plan has been engaged as architect for the proposed building. However, something will have to be done to cope with the increasing number of outpatients and possibly the temporary conversion of, in effect, the ward which, unfortunately, has been closed for a long time on account of staffing difficulties may be a means of easing the difficulty. In common with non-teaching hospitals generally Sevenoaks Hospital has its nursing problem and it is complicated by the fact that the hospital is not a general training school for nurses but is an affiliated school. The students have to undertake a four years course of training in such schools as compared with three years in a general training hospital which explains the situation. However when Orpington Hospital receives recognition for general nursing training this problem will be overcome as

Sevenoaks Hospital will, for nurse training purposes, be regarded as a section of Orpington and the nurses will take the present three year course. The whole question of the training of nurses is now being considered nationally in that the Nurses Bill is before Parliament being designed "to reconstitute the General Nursing Council for England and Wales and otherwise to amend the Nurses Acts, 1919 to 1945, and to make further provision with respect to the training of nurses for the sick."

Major-General G. J. Farmar, C.B., C.M.G., previously President of the Hospital accepted an invitation to become its Patron and the Right Hon. The Earl Stanhope, K.G., P.C., D.S.O., M.C. ; Major-General the Right Hon. Lord Sackville, K.B.E., C.B., C.M.G. ; Mr. Hugh Micklem, J.P. and Mrs. E. G. Latter accepted invitations to be Vice-Patrons.

The **Cheyne and Hip Hospital for Children** had no nursing problem in so far as trainees were concerned for by the nature of the cases it treats it is possible to engage as nursing trainees girls under eighteen years of age who desire to enter the profession on reaching that age or thereabouts. By this means they receive a valuable preparatory training in their chosen sphere. When Orpington is a general training school the Cheyne unit will provide to some extent as far as the group is concerned a useful means of overcoming the difficulty of girls who on leaving school desire to become nurses but being too young to do so take up other occupations and consequently in very many cases are lost to the profession. At the hospital the problem was the recruitment of trained nursing staff for the work calls for a particular leaning. All credit is due to the whole hearted efforts of the Matron, Miss E. M. Price Williams in seeing that the work of the hospital in caring for the young patients was not impeded on that account.

The previous governing body had prepared a scheme for the creation of a proper dining room for the nursing staff which was urgently needed as the existing arrangement is bad. To this end upwards of some £2,000 was available to meet the cost estimated at approximately £2,500 and this fund, with other endowment funds, passed to the Minister under the Act as did, of course, all outstanding liabilities of the dissolved authorities. This capital scheme of the dining room was approved by the Regional Board but delays have been encountered in the granting of the necessary licences for materials and the award of a starting date by the Ministry of Works. In consequence work on this necessary improvement has not yet commenced but it is hoped that progress in this matter will not be further delayed.

With deep gratification the Committee records that Her Majesty Queen Mary and His Royal Highness the Duke of Gloucester, K.G., K.T., K.P., P.C., G.C.M.G., G.C.V.O. kindly consented to be Joint Patrons of the Hospital thus continuing the Royal association which existed with the Cheyne Hospital for Children and the Children's Hospital for the Treatment of Hip Diseases respectively.

At **Oak Lane Isolation Hospital** there was the all too familiar problem of staffing this time on the domestic side but the Matron Miss D. E. Grice managed in spite of the difficulties. The design of the hospital with its open, undivided wards prevents the most efficient use of available accommodation and some form of "cubiclising" is necessary. This matter was under consideration when the financial difficulties arose.

At Otford the **Otford Isolation Hospital** was not in use because of staffing difficulties when it passed to the Minister. As part of the group plan it was envisaged that this hospital should be a convalescent unit to serve as a means of increasing the turnover particularly of surgical patients at the two general hospitals in the group. After operation there comes a stage in a patient's recovery when normally only nursing attention is required and the idea is that when this point is reached the patient should be transferred to the convalescent unit to complete the return to health thus freeing an acute bed in the general hospital earlier than would be possible otherwise for another patient.

**Sundridge Hospital** suffers from its isolated position and the condition of its buildings which were erected nearly a century ago. The state of the hospital and its atmosphere generally reflect credit on the Superintendent and the Matron, Mr. and Mrs. P. Boyle. The urgent need is to bring about an improvement in the building and although several alterations of a minor character have been carried out under the Hospitals Engineer the complete programme will entail considerable expenditure. At this point it may be pertinent to mention that the problem of the arrears of maintenance work at all the hospitals which was built up during the war years is one which causes considerable concern and inevitably must be costly of solution. It is of course not local but bears particularly heavily in this Region which probably suffered more damage from enemy action than any other Region. Much has to be done in the group by way of maintenance of buildings.

From the above it will be noticed that although the group provides an appreciable number of beds there has been no reference to maternity accommodation for the simple reason that no obstetric facilities exist. Before the appointed day however the then Committee of the Sevenoaks and Holmesdale Hospital had negotiated the purchase of the property **Carrick Grange** Hitchen Hatch Lane, Sevenoaks, complete with contents in order to provide a maternity unit. This premises standing in its own grounds of some five acres had been converted for use as a convalescent home before the war and had been taken over by the Army during the war as a convalescent home for officers. It was equipped and furnished and was undoubtedly suitable for the purpose in mind although it might prove a comparatively expensive unit to operate. Shortly before completion of the transaction a legal restriction was discovered which prevented fulfilment although both sides had agreed as to price. This purely legal difficulty was referred to the Ministry of Health who advised no further action at the time as the Ministry was prepared to use its powers of compulsory purchase contained in the Act to solve the matter. As there was no other ready alternative this advice was accepted but the exercise of the Ministry's power has proved to be a lengthy matter for at the time of writing the compulsory purchase has not been completed. However in order to plan the necessary adaptation as a maternity unit in February, 1949, a rental agreement on a day to day tenancy basis was entered into with the owners to gain occupation ; it was apparent that immediate action had to be taken to arrest the spread of both dry and wet rot found in the fabric and to prevent further deterioration as the building was not entirely weatherproof. The necessary action was taken. When this unit is in operation it will be a most valuable adjunct serving the group as a whole.

In order to assist the Committee in the day to day running of the hospitals under its control it was decided that House Committees should be set up, one for each hospital (with the exception of Otford). The thanks of the Committee are due to those public spirited persons who accepted the invitation to serve as members of such committees and so help to make the scheme a success. It was agreed that House Committees should be advisory bodies but should have complete control of the Comforts Funds which were inaugurated but the restriction imposed by the Minister as to appeals for funds have been a limiting factor in the building up of such funds. The Committee would like to take this opportunity of expressing its thanks to all who have made contributions for the purpose

of providing those little extras over and above those provided from official funds, which do much for the patients.

Careful consideration was given to the medical planning (including staffing requirements) of the group as an entity and recommendations have been made to the Regional Board. Naturally the Board have to consider these in relation to the region as a whole and to date no decision has been notified. There is, however, reason to believe that some information will soon be forthcoming ; it is appreciated that the task of the Board in this connection is one of tremendous proportions and of the utmost importance if a properly co-ordinated plan is to be drawn up to provide for the much needed development of all services.

#### 4. FINANCE.

References have already been made to finance and to the submission of estimates for 1949/50 at an early stage in the Committee's existence. These estimates were prepared realistically in the light of the various considerations as then known and nothing further was heard about them until just before the end of the period under review when it was notified that extensive economies had to be made. In the meanwhile of course more detailed knowledge had been gained of the group requirements and it was evident that the estimated maintenance requirements as submitted were, if anything, on the low side. To be asked to make a substantial cut in such figures was a blow and it was evident that the request could be fulfilled only at the expense of effective service and a reduction of facilities. In this connection it should be remembered that standing charges and existing commitments (for example, salaries) constitute some 60% or more of total expenditure and it is difficult to effect economies in this direction. This problem was regional if not national and representations were made by the Regional Board to the Ministry. A directive from the Board early in March, 1949, imposed a standstill order on finance stopping, *inter alia*, expenditure being incurred on any new service or the purchase of any new equipment and the creation of any new posts. Careful consideration, it was laid down, had to be given to the postponement of the filling of existing vacancies. In view of this standstill order there was no alternative but to defer certain items which were thought necessary. The Board meanwhile was doing its utmost to bring about an improvement in the position and it is hoped the representations will be effective so that the estimates for 1949/50 may be decided.

One result of the standstill was to stop the re-opening of the ward closed at Sevenoaks Hospital. Arrangements were almost completed to bring this ward back into service and so augment the available accommodation when the order was received and in consequence further action was not possible.

At the moment we are in the third month of the financial year and in the anomalous position of not knowing the extent of the purse but meanwhile the service has to continue. During the course of discussions on the financial position the officers of the Board made a careful examination of the estimates submitted and it is satisfactory to record they agreed that the figures had been compiled on a realistic basis in the light of the facts then available and allowing for known improvements.

## 5. THE POSITION AS AT 31st MARCH, 1949.

At the end of the period under review the following beds were available in the group :—

	<i>Beds available and staffed.</i>	<i>Beds available but closed because of lack of staff.</i>	<i>Total beds available.</i>
For Acute sick patients (including children)	341	252	593
Chronic sick patients	369	42	411
Tuberculosis patients	60	—	60
Children (long stay cases)	40	—	40
Infectious diseases patients	18	41	59
Mentally ill patients	132	40	172
Part III accommodation (available to the County Council)	74	—	74
	1034	375	1409

As a consequence of overcrowding in the wards of Orpington Hospital it was found necessary during the period to work on a complement of beds numbering 1,063 and so lessen the strain on the nursing staff. It is impossible to expect in an exacting profession like nursing the staff to work indefinitely under such conditions which inevitably bring about resignations. The nursing problem is the crux of the present position of the hospital service and until more nurses are recruited many hospital beds will remain closed throughout the country. Salary scales are now being adjusted in line with present day

conditions under the Whitley machinery which has been set up and it is essential that proper amenities be provided for such staff. Careful attention to these points should ensure that nursing is not a "cinderella" profession and by this means it is hoped that adequate members of nurses will be available.

The hospital world is still in the formulative stage and much has to be done both in this and the other sections which comprise the health service before a comprehensive scheme is established but the groundwork is being made now. In the pattern the Management Committee has its place and will do its best to ensure that it will not be found wanting. It exercises functions on behalf of the Regional Hospital Board which acts for the Minister and it is hoped that the higher authorities will leave a measure of discretion at local level. Planning at the top is essential but it seems that the tendency is to reduce to a minimum the matters which may be decided at Management Committee level although the system was designed to secure a large measure of de-centralisation and take the fullest advantage of local knowledge. This local knowledge will keep the hospitals human and prevent them becoming merely efficient healing machines. Adequate finance must be made available so that developments may keep pace with demand as there is ample evidence that the public desires to take full advantage of the facilities provided by the National Health Service which are its right. The Service must be used wisely if the greatest possible benefit to all is to result.

It is hoped that in this brief resume an indication has been given of the problems which confront the Committee and the way in which those problems are being tackled within the limits allowed. Much more could have been written but little benefit would be gained thereby as it is hoped that the outline presented has served its purpose of indicating the general picture. The Committee has approached its task thinking not in terms of Orpington or of Sevenoaks but of the Orpington and Sevenoaks group. Obviously there are occasions when group aims must be submerged by regional requirements which is only proper and it is the earnest hope of the Committee that an efficient hospital service will be provided.

In conclusion the Committee desires to acknowledge the assistance afforded by the South East Metropolitan Regional Hospital Board and to record the courteous help given at all times by the officers of that Board. The staff working in the group numbering 953 employees (full time 840, part time 113 as at 31st March, 1949) has worked well and the thanks of

the Committee are due to them for their efforts. To those public spirited persons—it would be invidious to mention individuals by name—who by voluntary service have in many ways assisted in the affairs of the group at individual hospitals the Committee expresses its grateful appreciation.

H. J. LESTER, Chairman.  
L. G. BAIN, Secretary.



The  
Faxon & Holmesdale  
Press  
Sevenoaks